

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

JOHN CARTER, et al., :

VS. :

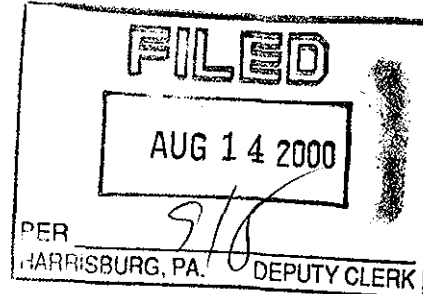
1:CV-00-0834

(Judge Caldwell)

MARTIN HORN, COMMISSIONER, :

DEPT. OF CORRECTIONS, et al., :

Defendants :



EXHIBITS IN SUPPORT OF PLAINTIFFS' MOTION
IN OPPOSITION TO COMMONWEALTH DEFENDANTS'
MOTION TO DISMISS

JOHN CARTER (PLAINTIFF)

By: Arthur Carmichael

Plaintiff, Pro.Per.

P.P.# 00-0875

P.O. Box 255, Route 6

Waymart, Pa. 18472-0255

DATED: August 2, 2000 c.e.

EXHIBIT " A "

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

WAM-018-2000

TO: (Name & DC NO.) Carter, John, CN1404	INSTITUTION SCI-Waymart	QUARTERS L1	GRIEVANCE DATE January 28, 2000
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The following is a summary of my findings regarding your grievance:

During the week of 1/16/2000, you were temporarily housed on C1 during the completion of the window project on the Ls and Ms. During that week, we also experienced extremely cold weather, which affected the temperatures on the housing units as well. Further, there were problems with the heating system, which were reported and repaired by the Maintenance Department. You were issued two extra blankets as we tried to remedy the situation. *UNTRUE, UNTRUE - 1 blanket*

Because of the window project, we had to use cells which we generally try not to use during the winter months because they tend to be colder than the other cells -- not 0 to 10 degrees inside the cells, as you content -- but, sometimes, uncomfortably chilly.

BECAUSE HE WAS NOT THERE (I, AND OTHER INMATES WERE)
At no time did I hear officers respond to complaints from inmates in a rude or unprofessional manner. Indeed, they came to me in an effort to find solutions to assist inmates with their legitimate complaints. You were returned to your regular housing unit as expeditiously as possible.

MEM/kt

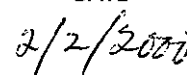
cc: Superintendent Colleran
File

Refer to DC-ADM 804, Section VIII,
for instructions on grievance
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR



DATE



DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

WAM-018-2000

TO: GRIEVANCE COORDINATOR <i>Ron Richards</i>	INSTITUTION <i>SCI WAYMART</i>	DATE <i>1-23-00</i>
FROM: (Commitment Name & Number) <i>John Carter CN-1404</i>	INMATE'S SIGNATURE <i>John Carter</i>	
WORK ASSIGNMENT <i>B.U.</i>	QUARTERS ASSIGNMENT <i>L-1 1007 Bed 1</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

During the week of 1-16-00 I was transferred to C-unit temporarily while the work was being completed on L-1. I was placed in cell #1035 which is located in the back of the area known as C-wing of C-unit. During those five days my cell mate and myself were ~~made~~ made to endure temperatures of below ten degrees and at so point 0 degrees. When we informed the staff about it we were confronted with complete indifference and lack of concern. Although I am fully aware that this is not a hotel, as I was so rudely informed I do rely on my rights to have heat in the housing unit that I reside in. The only solution I was afforded to remedy the situation was an extra blanket, that did little or no help to afford me and the other twenty in- who were made to suffer any comfort. Although we have since moved back to our housing unit my concern is for those inmates who will be placed into those very same cells and who may suffer the long term affects that I have. When I addressed this situation to one of the officers his response was that I am waisting my time that this is the way it's always been. (cont.)

B. Actions taken and staff you have contacted before submitting this grievance:

Spoke to Deputy Wydrner a Unit Sgt and was given one (1) extra blanket

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

1/24/00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

WAM C18-2000

TO: GRIEVANCE COORDINATOR <i>Ron Richards</i>	INSTITUTION <i>SCI WAYMART</i>	DATE <i>1-23-00</i>
FROM: (Commitment Name & Number) <i>John Carter CN-1404</i>	INMATE'S SIGNATURE <i>John Carter</i>	
WORK ASSIGNMENT <i>B.U.</i>	QUARTERS ASSIGNMENT <i>L-1 1007 Bed 1</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

During the week of 1-16-00 I was transferred to C-unit temporarily while the work was being completed on L-1. I was placed in cell #1035 which is located in the back of the area known as C-wing of C-unit. During those five days my cell mate and myself were made to endure temperatures of below ten degrees and at so point 0 degrees. When we informed the staff about it we were confronted with complete indifference and lack of concern. Although I am fully aware that this is not a hotel, as I was so rudely informed I do rely on my rights to have heat in the housing unit that I reside in. The only solution I was afforded to remedy the situation was an extra blanket, that did little or no help to afford me and the other twenty inmates who were made to suffer any comfort. Although we have since moved back to our housing unit my concern is for those inmates who will be placed into those very same cells and who may suffer the long term affects that i have. When I addressed this situation to one of the officers his response was that I am wasting my time that this is the way it's always been. (cont.)

B. Actions taken and staff you have contacted before submitting this grievance:

Spoke to Deputy Wydrer & Unit Sgt and was given one (1) extra blanket

Your grievance has been received and will be processed in accordance with DC-ADM 804

Signature of Grievance Coordinator

Date

1/24/00

It seems to me that whenever an inmate tenders a grievance to the grievance co-ordinator the solution is always in a negative response to the complaint of the inmate, while the administration is never incorrect. It would ~~do~~ so seem ~~that~~ these officers tell one thing while doing another, and in the inmate is always wrong. The fact of the matter is that yes I was placed in a temporary cell that had no heat and held extremely cold temperatures, and that we were not issued two blankets, but only one. Second, those officers that I have addressed the problem too were indeed rude and insensitive, as well as unprofessional in their mannerism. The cell was extremely colder than any other housing unit in this institution, and that not all units were experiencing the same problems as C-unit. That after inquiring as to the conditions of the heating of the other units I found that most everyone I talked to stated that the units were too warm. Yes I can attest to the fact that those temperatures were extremely so much to the point that a certain officer came inside the cell and chipped off some of the ice from the windows. therefore since it is obvious that your statements were made in defense of your staff members, as is always the case at SCI Waymart, it is ~~imperative~~ imperative that I seek other avenues to bring this situation to light, because after spending those 5 days in that cold cell with nothing being done but the issuance of one bonifide blanket, I would hate to hear that other inmates are treated in the same manner, and endure the same results as myself and my cell mate went through. for the record, my cell mate is seventy-four years old. Also for the record, the front cells and offices of staff members were sufficiently heated.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI WAYMART
570-488-5811
February 7, 2000

SUBJECT: Appeal to Grievance WAM 018-2000

TO: John Carter
CN-1404

FROM: 
Raymond J. Colleran
Superintendent

I received your appeal to the above-mentioned grievance. Mr. Richards, my assistant, met with you on February 7, 2000 to discuss the issues raised within your grievance appeal.

While initial grievance response indicated that you received two blankets, we determined that this was inaccurate and, in fact, you only received one blanket.

Your concerns centered more upon the fact that staff did little attempt to resolve the problem. Despite the fact that it was extremely cold during the time that you were on the C-1 housing unit, other options should have been explored by staff once they were made aware of the problem. As a result, this matter will be discussed with your unit management staff to ensure this situation does not reoccur in the future.

*AS OF THIS DATE 3/1/00, The cells
remain the same (UN-REPAIRED)*

RJC/hck

cc: Mr. Friedman
Mrs. Martin

*NEVER RECEIVED MY COPY
OF MY GRIEVANCE from which
The above response came,*

EXHIBIT " B "

DC-804
PART 1

Don Riske

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

WAM-0171-99

TO: GRIEVANCE COORDINATOR <i>Supr. Raymond J. Colleenan</i>	INSTITUTION <i>S.C.I. Waymart</i>	DATE <i>7-26-99</i>
FROM: (Commitment Name & Number) <i>CN-1404 John D. Carter</i>	INMATE'S SIGNATURE <i>John D. Carter</i>	
WORK ASSIGNMENT <i>Masonry Crew</i>	QUARTERS ASSIGNMENT <i>L-1 1007 Bed 3</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On or about 3-3-99 I was transferred ^{to} ~~from~~ Waymart from S.C.I. Somerset, which upon my arrival I had informed the night officer that I needed an extra mattress as was prescribed by the medical department as part of my treatment for chronic backpain, the extra mattress being for support, as was written in my medical file. I was then told to sign up to see the doctor and that I would be issued a pass to obtain the extra mattress. When I did as instructed I was told by the medical department that Waymart does not issue extra because of it being a security matter. I informed the P.A. (Loomis) that this was part of my treatment and her response was that of the same so she denied my request. After numerous attempts I was referred to a Dr. Bekele who also denied my request citing that he is not concerned with what I had at Somerset that this Waymart and he was in charge and he did not feel that I needed the extra mattress, something that has helped me for the last four years of my incarceration that was prescribed and issued by a doctor and is documented in my file.

B. Actions taken and staff you have contacted before submitting this grievance:

P.A. Loomis, refused to grant request, Dr. Bekele same result, Donald Riske CHCA referred matter back to medical department, officer Panna unit officer referred me back to medical. Dr. Kiraly stated that Waymart does not issue extra mattress for security reasons, inquired to security commander who stated off record that no such policy existed.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Donald W. Richards
Signature of Grievance Coordinator

7-27-99

Date

8/16/99

DC-804
PART 1

Don Bekele

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

WAM 0171-99

TO: GRIEVANCE COORDINATOR <i>Supr. Raymond J. Collieran</i>	INSTITUTION <i>S.C.I. Waymart</i>	DATE <i>7-26-99</i>
FROM: (Commitment Name & Number) <i>CN-1404 John D. Carter</i>	INMATE'S SIGNATURE <i>John D. Carter</i>	
WORK ASSIGNMENT <i>Masonry Crew</i>	QUARTERS ASSIGNMENT <i>L-1 1007 Bed 3</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On or about 3-3-99 I was transferred ^{to} ~~from~~ Waymart from S.C.I. Somerset, which upon my arrival I had informed the night officer that I needed a extra mattress as was prescribed by the medical department as part of my treatment for chronic backpain, the extra mattress being for support, as was written in my medical file. I was then told to sign up to see the doctor and that I would be issued a pass to obtain the extra mattress. When I did as instructed I was told by the medical department that Waymart does not issue extra because of it being a security matter. I informed the P.A. (Loomis) that this was part of my treatment and her response was that of the same so she denied my request. After numerous attempts I was referred to a Dr. Bekele who as denied my request citing that he is not concerned with what I had at Somerset that this Waymart and he was in charge and he did not feel that I needed the extra mattress, something that has helped me for the last four years of my incarceration that was prescribed and issued by a doctor and is documented in my file.

B. Actions taken and staff you have contacted before submitting this grievance:

P.A. Loomis, refused to grant request, Dr. Bekele same result, Donald Riske CHCA referred matter back to medical department, Officer Panna unit officer referred me back to medical. Dr. Kinahly stated that Waymart does not issue extra mattress for security reasons, inquired to security commander who stated off record that no such policy existed.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

*7-27-99**9/16/99*

DC-804
PART 1

Don Jiske

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

W Am. 0172-99

TO: GRIEVANCE COORDINATOR <i>Supt. Raymond J. Collenan</i>	INSTITUTION <i>S.C.I. Waymart</i>	DATE <i>7-26-99</i>
FROM: (Commitment Name & Number) <i>CN-1404 John Carter</i>	INMATE'S SIGNATURE <i>John Carter</i>	
WORK ASSIGNMENT <i>Masonry crew</i>	QUARTERS ASSIGNMENT <i>L-1 1007 Bed 3</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On or about 7-20-99 I signed up for medical to ~~xxxx~~ renew my medication for back pain where as I was referred to a certain Dr. Bekele who at that time did not know by name. Upon being made to wait on him for one hour when he finally had the time to see me I once again inquired about the extra bed mattress that I felt I needed and was assigned at my last institution and he informed me that he was not concerned with what Somerset did that he was in charge here and he did not feel that the extra mattress would help my problem. When I asked why he felt that he knew my body better than I did he stated that he was the doctor and that was the end of the issue. When I asked him for his name he refused to give it to me making a statement that I could ask another staff member that he was not going to give me his name and that I knew his name although I had informed him that it was no so. His attitude towards myself and all other blacks here borders upon prejudice and arrogance that is offensive in nature as it was intended to be disrespectful.

B. Actions taken and staff you have contacted before submitting this grievance:

Talked to officer assigned to desk where he afforded me the name of the doctor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Ronald W. Richards
Signature of Grievance Coordinator
Ronald W. Richards

[Signature]
Date
8/6/99

DC-804
PART 1

Non Risk

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

W Am. 0172-99

TO: GRIEVANCE COORDINATOR <i>Supt. Raymond J. Collieran</i>	INSTITUTION <i>S.C.I. Waymont</i>	DATE <i>7-26-99</i>
FROM: (Commitment Name & Number) <i>CN-1404 John Carter</i>	INMATE'S SIGNATURE <i>John Carter</i>	
WORK ASSIGNMENT <i>Masonry crew</i>	QUARTERS ASSIGNMENT <i>L-1 #007 Bed 3</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On or about 7-20-99 I signed up for medical to ~~xxx~~ renew my medication for back pain where as I was referred to a certain Dr. Bekele who at that time did not know by name. Upon being made to wait on him for one hour when he finally had the time to see me I once again inquired about the extra bed mattress that I felt I needed and was assigned at my last institution and he informed me that he was not concerned with what Somerset did that he was in charge here and he did not feel that the extra mattress would help my problem. When I asked why he felt that he knew my body better than I did he stated that he was the doctor and that was the end of the issue. When I asked him for his name he refused to give it to me making a statement that I could ask another staff member that he was not going to give me his name and that I knew his name although I had informed him that it was no so. His attitude towards myself and all other blacks here borders upon prejudice and animance that is offensive in nature as it was intended to be disrespectful.

B. Actions taken and staff you have contacted before submitting this grievance:

Talked to offician assigned to desk where he afforded me the name of the doctor.

TH EIPON

W/ K L E F

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Ronald W. Richards
Signature of Grievance Coordinator

[Signature]
Date
8/6/99

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17011

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. 99-0171
99-0172

To: (Name & DC NO) John Carter #CN-1404	INSTITUTION SCI-WAYMART	QUARTERS L-1	GRIEVANCE DATE 7-26-99
<p>The following is a summary of my findings regarding your grievance:</p> <p>I am in receipt and have investigated both of your grievances. Since these grievances address the same issue, I will address both with this response.</p> <p><i>July 30th 2:45</i></p> <p>On August 3, 1999, we met in my office to discuss these grievances, at that time we reviewed your medical record and discussed the treatment you have received while at this institution.</p> <p>As I have pointed out to you, to date, you have been seen by Mrs. Loomis, PA-C and Dr. Bekele, Medical Director. It has been the medical opinion of both professionals that you do not require an extra mattress.</p> <p>You informed me that it was your opinion that Dr. Bekele didn't thoroughly examine your medical record enough to determine what your needs are. You further stated that you didn't think Dr. Bekele was aware of x-ray results you had in the past. During the time we reviewed your medical record, I pointed out that Dr. Bekele did indeed document in his note your x-ray results.</p> <p><i>I DID, ON MONDAY 8-2-99</i></p> <p>At the time of our meeting, I instructed you to sign up for sick call the following day and I would go with you to see Dr. Bekele. To date (8-6-99), you have not signed up as I have instructed.</p> <p>Your complaint concerning Dr. Bekele's alleged attitude towards yourself and other blacks that borders upon prejudice and arrogance in my opinion is unwarranted. Your complaints of this issue is the first of its kind and personally knowing Dr. Bekele I find it very unlikely. I have spoken with Dr. Bekele concerning your allegations and he totally denies any type of this behavior.</p> <p><i>I in error</i></p> <p><i>NOTE: I was instructed to sign up for sick-call on 8-2-99, which I did. He further instructed me to give officer Perci his Business card and have him call when I arrived on the 2nd. Said officer did call his office three times without finding him in office. So Mr. Fisk's statements herein are false, as was later proven in the Appeal to the Superintendent as noted on the attached page.</i></p>			
Refer to DC-ADM 804, Section VIII, for instructions on grievance system appeal procedures.		SIGNATURE OF GRIEVANCE COORDINATOR <i>Donald R. Rucker</i>	DATE <i>8/10/99</i>

John Carter #CN-1404
Page 2

GRIEVANCE NO. 99-0171
99-0172

Since you haven't signed up for sick call, I will consider the matter concerning your examination closed. In the future, when seeing Dr. Bekele or any other medical staff and you feel you are being treated unfairly, I am instructing you to immediately notify either the Nursing Supervisor, Area Lieutenant or myself at the time of the occurrence.

If I may be of further assistance to you in this matter, please feel free to contact me through your Unit Manager.

cc: Mr. Richards
Mr. Friedman
File

C:\DATA\WPDOCS\DEBS\JM-GRIEV.99\CN1404.WPD

The following appeal documented the facts substantiating the false and misleading statements set forth in the foregoing response

*Appealed ✓
Filed 8-11-99*

*Appeal was signed by
grievant copy never
returned, received no
response.*

EXHIBIT " C "



Bulletin
Commonwealth of Pennsylvania • Department of Corrections

To: Executive Staff Superintendents Regional Directors	Policy Subject: Inmate Grooming and Hygiene	
	Policy Number:	DC-ADM 807-3
Policy Issue Date:		July 18, 1994
Date of Issue: July 22, 1997	Authority: <i>Patricia F. H.</i>	Effective Date: July 22, 1997

The following addition to the DC-ADM 807, Inmate Grooming and Hygiene policy is being made regarding an inmate request for a "haircut exemption on the basis of religious conviction".

All inmates who request a haircut exemption on the basis of religious conviction must supply something in writing confirming the inmate's participation in the particular religion. This can be a certified letter from the religious leader of that particular faith group, or in the case of Native Americans, a certificate of participation from a recognized Chief or tribal leader. The letter or certificate must indicate that the inmate in question has demonstrated a history adhering to the tenets of the particular faith group.

*I WAS TOLD THE TRIBE HAS TO BE
INCORPORATED!*

*THERE ARE MANY MANY TRIBES THAT
ARE NOT INCORPORATED AND IT DOES
NOT MAKE IT ANY LESS A TRIBE
OF NATIVE AMERICAN INDIAN!*

Daisy Lee McWhirter
6050 Autumn Hills Dr.
Ft. Worth, Texas 76140

Reverend Dale Pepper
Chaplaincy Office
P.O.Box 256
Waymart, Pa 18472

RE: Question of Blood Line and Religion:

Dear Reverend Pepper;

For many years I travelled to different reservations and different tribes of Indigenous Peoples.

In the European societies I would be called Native American Missionary. To the Indigenous People I would be called a Medicine Woman. My calling was from God (The Great Spirit) not from man. I was called to help the Indigenous People and teach them how to pray and tell them of God's wondrous powers. I was called to pray for their sick and teach them how to have faith in their God. My son has practiced the Indigenous Religion for many years and I am proud that my son is a child of God and is not ashamed of it. Reverend Pepper, if Jimmy Lee can make a difference in the Sacred Circle by all means don't let the Institution discourage him or the other men from praying and trying to serve God just because they are in prison. I have been retired for a long time and I am glad my son wants to carry on God's work where I have left off. Reverend Pepper, my ancestors are of Cherokee Decent and my son is one forth Cherokee Blood. We do not recognize anything but our Indian Blood. If you have any questions my address is listed at the top of the page, and you can feel free to write me at any time.

God bless you

Daisy Lee McWhirter

Daisy Lee McWhirter

Larry "Black Cloud" Walters
Shaman to the
Tsalaghi Nvdaigi/ Cherokee, in Texas
P.O.Box 1104
Weatherford, Texas 76086

To: Rev. Dale Pepper;

I am the Shaman for the Tribe Listed above. We are not Federally Recognized nor do we go by UKR Membership Ordinance 90 UKB-16, 16 September 1990, but we do require an applicant for enrollment into our Tribe to prove direct decendancy from a person who was listed on the Baker Roll of 1924 and have a mininum 1/8 blood quantum.

Rev. Pepper as I said in my Last letter, Jim McWhirter was under my teachings berfore going to the Ironhouse in Pa., and I am certain he will continue to learn the ways of our people. I am in hopes that the Institute will issue Jim "Gray Wolf" McWhirter all privileges and or exemptions so he can practice his religious beliefs with pride and dignity as others in or out of the Ironhouse should be able to do so. Also as I said in my last letter if there is any more information needed feel free to write me at the adrdress noted at the top of this letter.

SHO NO BISH:

SHAMAN

EXHIBIT " D "

EXHIBIT " D-1 "

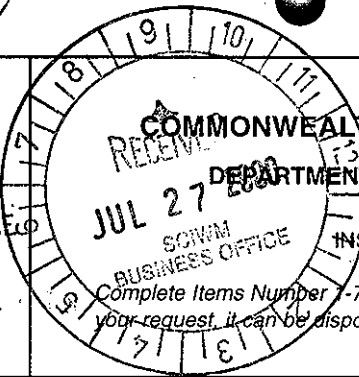
DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE <i>John Sturge</i>					
INSTITUTIONAL NUMBER <i>DD-6392</i>		LOCATION <i>L-1</i>		DATE <i>3-25-2000</i>	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
<p><i>Please take off postage for this card!</i></p> <p><i>Thank You</i></p> <p><i>3-26-00</i> <i>Flann</i> <i>1030</i> <i>L-1</i></p>					
4. INMATE'S SIGNATURE <i>John Sturge</i>			5. OFFICIAL APPROVAL		
6. BUSINESS OFFICE'S SPACE					
CHARGE ENTERED \$ <i>99</i>		DATE		BOOKKEEPER <i>MAR 28 2000 DE</i>	

DC-138A CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE <i>John Stupp's DD-6392</i>			
INSTITUTIONAL NUMBER <i>DD-6392</i>	LOCATION <i>L-1</i>	DATE <i>3-16-2000</i>	
2. RECEIVING INMATE			
INSTITUTIONAL NUMBER	LOCATION	DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT			
<p><i>Please take off postage for this card !</i></p> <p><i>NOTE</i> <i>Two (2) "Thinking Of You" CARDS</i> <i>SAME SIZE & weight; BUT,</i> <i>Charged different Postage Prices</i></p> <p><i>Thank You</i></p> <p>APPROVED REQUEST NO. 16 DATE <i>3-15-00</i> OFFICER <i>Machett</i> TIME <i>2100</i> UNIT <i>L-1</i></p>			
4. INMATE'S SIGNATURE <i>John Stupp</i>		5. OFFICIAL APPROVAL	
6. BUSINESS OFFICE'S SPACE			
CHARGE ENTERED \$ <i>27</i>	DATE	BOOKKEEPER <i>MAR 16 2000 DB</i>	

EXHIBIT " E "

DC-135A

INMATE'S REQUEST TO STAFF MEMBER

SUPERINTENDENT'S OFFICE
SCI WAYMART

Complete Items Number 7-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) RAYMOND COLLERAN (Superintendent)		2. DATE 7-26-00
3. BY: (INSTITUTIONAL NAME AND NUMBER) ARTHUR CARMICHAEL # DD - 0875		4. COUNSELOR'S NAME Mr. Ross
5. WORK ASSIGNMENT Bu/LI	6. QUARTERS ASSIGNMENT L - 1	

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Dear Sir:

This request relates to an emergency matter involving the following case, John Carter, et al, V. Martin Horn, et al. 1:CV-00-0834. On July 19, 2000, the Commonwealth Defendants filed a Motion To Dismiss, to which the Plaintiffs must respond to on or before July 28 to 31, 2000. as a Principal and Legal representative, it is my duty to respond to the Defendants' Motion. THE PROBLEM: I AM INDIGENT, and therefore unable at this time to pay the cost of Photocopying vital documents required in support of our response; Consequently, I am requesting that you will issue an ORDER upon the necessary Party/s/, to allow me to photocopy (AGAINST MY ACCOUNT) Six (6) dollars Photocopy credit., lest I be denied timely access to the Court. I thank you for your consideration.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr Carmichael

Please see attached policy. You do not meet the criteria for indigent.

NOTE: ON 7/27/00, I filed a Grievance on the above matter: Explaining that in this instant case "The Superintendent should have granted the request as an Exception" to the attached "Indigent Rule", Because, ONE, the EMERGENCY nature of request; And, fact that, There is NO RULE relating to Photocopying against inmate's accounts. (TO DATE: No Response to Grievance)


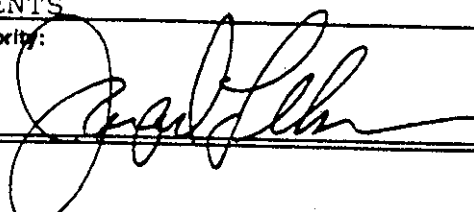
☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Walter Williams

DATE

7/27/00

		POLICY STATEMENT Commonwealth of Pennsylvania • Department of Corrections	
Policy Subject: PROVIDING INDIGENT INMATES WITH POSTAGE AND STATIONERY FOR USE IN THE PREPARATION OF LEGAL DOCUMENTS		Policy Number: 7.13.1.	
Date of Issue: February 26, 1993	Authority: 		Effective Date: March 26, 1993

I. AUTHORITY

The Authority of the Commissioner of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. PURPOSE

The purpose of this policy is to establish a method to evaluate requests by inmates for financial assistance in order to provide indigent inmates with postage and stationery for use in the preparation of legal documents.

III. APPLICABILITY

The policy and procedures set forth in the document shall apply to all Department of Corrections facilities and Community Corrections Centers.

IV. DEFINITIONS

"Indigent Inmate" - An inmate shall be deemed indigent if the combined balances of his institutional account and any other accounts are \$10.00 or less at all times during the thirty (30) days preceding the date on which the inmate submits a request to a person designated by the Superintendent. Any inmate who refuses available work, although he is physically able and is not precluded from work by virtue of his housing status, is not indigent for the purposes of this memorandum and is not eligible for free stationery or to anticipate for postage. Inmates who are self-confined may also be considered as refusing available work although physically able as determined by the Program Review Committee. Any inmate who has funds in another account, which if deposited in his institutional account would bring his balance to more than \$10.00, is not eligible. Any inmate who has not made a good



U.S. POSTAL INSPECTION SERVICE

Mail Fraud Report

See Privacy Act Statement on Page 3

Complainant Information

Your Name ARTHUR CARMICHAEL [DD-0875]		SSN* 300-18-1229	Year of Birth* 7-17-25
Address P.O. BOX 256			
City WAYMART,	State PA	ZIP Code 18472	Country USA
Home Phone No. (Include Area Code) N/A	Work Phone No. (Include Area Code) N/A	E-Mail N/A	

*These two fields are optional, but the information may be helpful to Postal Inspectors tracking your complaint. Also, penalties may increase when certain crimes target particular age groups.

Complaint Filed Against

Company Name SCI-WAYMART Mail Services		Person's Name and Title Lillian Rollison [Mail Inspector Super.]	
Address 0000000000000000 P.O. BOX 256			
City WAYMART,	State PA	ZIP Code 18472	Country USA
Home Phone No. (Include Area Code) N/A	Work Phone No. (Include Area Code) N/A	E-Mail N/A	
Fax No. (Include Area Code) N/A	Web Address N/A		

Details of Mail Fraud Complaint

Did You Lose Money? UNKNOWN AT PRESENT	What Was the Advertised Cost of the Offer? For FIRST CLASS MAIL
<input checked="" type="checkbox"/> Yes. If so, how much? UNKNOWN AT PRESENT	<input type="checkbox"/> No
How Did You Pay? (Check one) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> Other Money Order	Date of Payment 1-7-2000

Find the General Category Below that Describes Your Area of Concern, and Check the Specific Item. (Check one only)

Advance Payment <input type="checkbox"/> Loan <input type="checkbox"/> Credit Repair/Debt Consolidation <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Chain Letter <input type="checkbox"/> Charity Fraud Education <input type="checkbox"/> School <input type="checkbox"/> Degree Employment <input type="checkbox"/> Postal Job <input type="checkbox"/> Overseas Job <input type="checkbox"/> Work at Home (Such as envelope stuffing) <input type="checkbox"/> Distributorship/Multilevel Marketing	False Bill or Notice <input type="checkbox"/> Office Supplies <input type="checkbox"/> Directory Solicitation <input type="checkbox"/> Subscription/Periodical <input type="checkbox"/> Classified Ad <input type="checkbox"/> Taxes <input type="checkbox"/> Harassment (Merchandise ordered in your name without your consent.) Investment <input type="checkbox"/> Real Estate <input type="checkbox"/> Gems, Coins, Precious Metals <input type="checkbox"/> Securities Lottery (You pay to play.) <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign Medical Quackery <input type="checkbox"/> Weight Loss <input type="checkbox"/> AIDS Cure <input type="checkbox"/> Cancer Cure <input type="checkbox"/> Sexual Aid	Merchandise or Service <input type="checkbox"/> Failure to Pay <input type="checkbox"/> Failure to Provide <input checked="" type="checkbox"/> Misrepresentation of Product/Service <input type="checkbox"/> Nigerian Fraud Personals <input type="checkbox"/> Mail-Order Bride <input type="checkbox"/> Dating Service <input type="checkbox"/> False Divorce Decree <input type="checkbox"/> Prize or Sweepstakes <input type="checkbox"/> Sexually Oriented Advertisement <input type="checkbox"/> Vacation or Travel
--	---	---

On What Date Did You Receive the Solicitation?

How Were You Contacted? (Check one)

☐ U.S. Mail ☐ Newspaper ☐ Radio/TV ☐ Internet ☐ Fax
☐ Telephone ☐ Magazine ☐ In Person ☐ E-Mail ☐ Other

If by Mail, Do You Have the Envelope It Was Mailed in?

☐ Yes ☐ No

Does the Envelope Have a Permit Number Instead of a Stamp?

☐ Yes; Permit No.: _____ ☐ No

Does the Envelope Have a Postage Meter Number Instead of a Stamp?

☐ Yes; Meter No.: _____ ☐ No

How Did You Respond to the Offer?

☐ U.S. Mail ☐ Telephone ☐ Internet ☐ E-Mail ☐ Fax

Do You Have a Mailing Receipt From Your Response (Such as for certified, insured or Express Mail)?

☐ Yes; Mail Receipt No.: _____ ☐ No

To What Address Did You Mail Your Response?

What Did You Receive?

How Did It Differ From What You Expected?

Do You Have the Item?

☐ Yes ☐ No

How Was It Delivered?

☐ U.S. Mail ☐ Private Courier ☐ In Person

Have You Contacted the Company or Person About the Complaint?

☒ Yes

Date of Last Contact: 1-20-2000

☐ No. Why?

☐ Delivery Attempted, Returned Endorsed
Moved, Left No Address

☐ Disconnected Telephone

☐ Unlisted Telephone

☐ Unanswered Telephone

☐ Address Unavailable

Legitimate businesses appreciate feedback. Check the offer for the delivery time frame, usually 6 to 8 weeks, and then contact the company. Please wait 2 weeks after contacting them before sending us this form. When a delivery time is not specified, a Federal Trade Commission rule mandates fulfillment within 30 days, unless you applied for first-time credit with the company.

Additional Information You Feel Is Important

On 1-7-2000, I, Arthur Carmichael- John Carter- Mariano Pellot- David Campbell - and Jimmy McWhirter: All Plaintiffs, in the case of ~~000000000000~~
~~0000~~ Carter et al V. Horn et al é 99-CV-6517, each placed in the Prison Mail 4 identical parcels of mail, and each weighing the same: to be sent 1st Class Mail. Each Plaintiff attached the required DC-138A\$ CASH SLIP) Nevertheless, each of us was charged a different price scale for the same 4 parcels of legal mail as follows: Arthur Carmichael #8.36; John Carter \$ 9.14; Mariano Pellot # 7.48; David Campbell \$3.74; Jimmy McWhirter \$7.48. FURTHERMORE, to show an even greater variance in price for 1st Class Mail: On 12-20-99, Plaintiff Carter, placed for 1st Class mailing 22 Complaints @49pps.ea; 22 Motions, 22 385 Marshals Forms, at only\$7.40.

Print Your Name

ARTHUR CARMICHAEL # DD-0875

Today's Date

, 2000

Thank you for completing this form. Please mail it with copies (not originals) of any bills, receipts, advertisements, canceled checks (front and back) or correspondence related to your report to the address below.

The U.S. Postal Inspection Service is a federal law enforcement agency. Postal Inspectors gather facts and evidence to determine whether a violation has occurred under the Mail Fraud or False Representation Statutes. While the Postal Inspection Service can't guarantee that you'll recover money lost to fraud, the information can help alert Inspectors about new fraud schemes and prevent others from being victimized.

Postal Inspectors base mail fraud investigations on the number, substance, and pattern of complaints received from the public; therefore, we ask you to keep all original documents relating to your complaint, including the solicitation, any mailing envelopes, and canceled checks. Under our Consumer Protection Program, Postal Inspectors may contact individuals or businesses on your behalf to request that complaints be resolved. We will contact you if more information is needed.

Postal Inspectors caution that, once you've been targeted in a fraud scheme, your name may be passed along to other con artists, so beware of future solicitations. If you know of others who believe they were

victimized in a fraud scheme, we recommend that you encourage them to submit a Mail Fraud Report as well.

Avoid being a victim: Postal Inspectors recommend that, before completing a business transaction, contact the Chamber of Commerce, Better Business Bureau, or county or state Office of Consumer Affairs in the area where the firm is located to get any information available on the company. If you have Internet access, you can get information from the Better Business Bureau online at: www.bbb.org, and from the individual state Attorneys General Consumer Protection Divisions at www.naag.org. Also, check the Postal Inspection Service Web site at: www.usps.gov/postalinspectors for more information on fraud schemes that involve the use of the mail.

Remember: If a deal sounds too good to be true, it probably is!

Please return this form to your postmaster, or mail to this address:

INSPECTION SERVICE SUPPORT GROUP
 222 S RIVERSIDE PLAZA STE 1250
 CHICAGO IL 60606-6100

Privacy Act Statement: The collection of this information, which will be used to address your complaint, is authorized by 39 USC 404, 18 USC 3061, and 5 USC, App. 3. It may be disclosed to an agency that requests information in the course of a background check; to an appropriate government agency, domestic or foreign, for law enforcement purposes; if pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel

practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act; to an appropriate foreign or international law enforcement agency, organization or individual for investigative or prosecutorial purposes; to assist in crime prevention or detection; to obtain information relating to a pending investigation, trial or hearing; to obtain the cooperation of a witness or informant, or to notify of the status of the case; to a party or their attorney to discuss settlement, plea bargaining or discovery proceedings; to an agency or individual concerned with maintenance, extradition or release of a person held in custody; to a foreign country pursuant to an international treaty, convention or executive agreement; to the public, news media, trade associations or organized groups, if it is of interest, on accomplishments of the Postal Service or its employees; to a foreign country when apprehending or returning a fugitive to a jurisdiction seeking return; to American Insurance Association Index System members if it relates to accidents or injuries; or to elicit information from or alert organizations or individuals that share an electronic bulletin board with respect to potential criminal activity. Completion of this form is voluntary; however, the Postal Inspection Service may not be able to address your complaint if the information is not provided.

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 698
CAMP HILL, PA. 17011

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

WAM 6017-20

TO: (Name & DC NO.) Carmichael A DD-0875	INSTITUTION SCI Wam	QUARTERS L1	GRIEVANCE DATE 1-19-00
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The following is a summary of my findings regarding your grievance:

I have received your grievance concerning your mail.

The mailroom has a scale that is adjusted to match the U.S. Postal Service. We only charge what our scale show us to charge. We have no knowledge of contents of individuals mail.

By Plaintiff → NOTE: If contents are EXACTLY the same; then it follows (or should follow) that regardless of which scale were used each package would weigh the same.

Plaintiff did not follow up on appeal, because since the matter is about money only, it needs no grievance before filing on the matter in Federal Court, (I filed MAIL FRAUD Complaint): - -
ABDUL - V. LICHTENBERGER, 518 F. Supp. 673, 675 (E.D. VA. 1981)

Refer to DC-ADM 804, Section VIII,
for instructions on grievance
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

Lillian Robinson

DATE

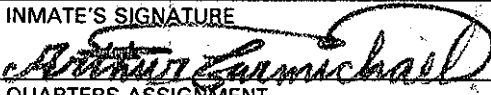
5-5-00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

LAM-0017-2000

TO: GRIEVANCE COORDINATOR MR. R. RICHARDS	INSTITUTION SCI - WAYMART	DATE 1 - 19-2000
FROM: (Commitment Name & Number) ARTHUR CARMICHAEL [DD-0875]	INMATE'S SIGNATURE 	
WORK ASSIGNMENT BU/UT	QUARTERS ASSIGNMENT L-1	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

This grievance is in reference to four (4) parcels of Legal Mail: (each envelope containing One Petition of 49 sheets of paper, plus 2 extra sheets of paper): to which was attached a DC-138A CASH SLIP, for FIRST CLASS Postage (for legal mail) be taken from my account. said CASH SLIP was dated 1-7-00; And, approved as no. 15, by L-1 Officer; Subsequently, on 1-10-2000, I received a copy of the CASH SLIP, SHOWING that the amount charged against my account was \$8.36; Thus, the basis for this grievance is as follows: On 1-7-00, each of us Plaintiffs; Namely, John Carter, Mariano Pellot, David Campbell, Jimmy McWhirter, and Arthur Carmichael, placed in the mail exact duplicates of 4 Legal Envelopes containing 51 sheets of Paper, with CASH SLIPs requesting that they be charged for 1st Class Postage, for Legal Mail. *SEE ATTACHMENT:

B. Actions taken and staff you have contacted before submitting this grievance:

A REQUEST WAS SUBMITTED TO THE MAIL ROOM SUPERVISOR.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator


Date

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 1-19-2000

TO: GRIEVANCE COORDINATOR MR. R. RICHARDS	INSTITUTION SCI-WAYMART	DATE 1- 19-2000
FROM: (Commitment Name & Number) ARTHUR CARMICHAEL [DD-0875]	INMATE'S SIGNATURE 	
WORK ASSIGNMENT BU/UT	QUARTERS ASSIGNMENT L-1	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

(ATTACHMENT 9)

PLAINTIFFS: JOHN CARTER WAS CHARGED ~~\$38888~~ \$ 9.14

MARIANO PELLOT "" "" \$ 7.48

JIMMY McWHIRTER "" "" \$ 7.48

DAVID CAMPBELL "" "" \$ 3.74 and

ARTHUR CARMICHAEL "" "" \$ 8.36

Consequently, my request is that your Office please explain why the discrepancy/variance of costs for the same identical parcels of mail; And, put to rest my belief that I, and/or the other Plaintiffs in the prevailing case of Carter et al., v. Horn et al., NO. 99-CV-6517, were incorrectly charged for the parcels of mail. *Respectfully Submitted*

B. Actions taken and staff you have contacted before submitting this grievance:

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date